

SUBDIVISION APPLICATION QUESTIONNAIRE

OWNERS NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

LOCATION OF PROPERTY: _____

TOTAL ACREAGE: _____

ZONING CLASSIFICATION: _____

PARCEL TAX ID#: _____

APPROXIMATE NUMBER OF LOTS: _____

Description of proposed Subdivision to include type or types of Construction
(Frame, Modular or Mobile Home): _____

DATE

OWNERS SIGNATURE

INSPECTION DEPARTMENT COMMENTS: _____

DATE

SIGNATURE OF INSPECTIONS DIRECTOR